

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **88**

Primary Registration District No. **5306**

Registrar's No. **17**

STATE FILE NUMBER:

63-039349

FILED OCT 29 1963

1. PLACE OF DEATH

a. COUNTY **COLE**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **R. R. # 1 CENTERTOWN, MO.**

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MISSOURI** COUNTY **COLE**

c. CITY OR TOWN **R. R. # 1 CENTERTOWN, MO.** Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

First Middle Last
CALLIE MC KINZIE

4. DATE OF DEATH
Month Day Year
OCT 21, 1963

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4/1/85

9. AGE (last birthday)

78

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
6 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

COLE COUNTY, MO.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

LEE MC KINZIE

13b. MOTHER'S MAIDEN NAME

FANNIE JONES

14. NAME OF HUSBAND OR WIFE

UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

WILLIAM MC KINZE J C MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Heart attack

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.
Death occurred at **715 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Stanley C. Reimer

County Health Officer

22b. ADDRESS

Route #1, Jefferson City, Mo 64501

22c. DATE SIGNED

10/23/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10/24/63

23c. NAME OF CEMETERY OR CREMATORY

St. Martin's

23d. LOCATION (City, town, or county)

St. Charles, Mo.

24. FUNERAL DIRECTOR

Severin Rulle

ADDRESS

25. DATE RECD. BY LOCAL REG.

Oct. 24

26. REGISTRAR'S SIGNATURE

Marionette Hittman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0260

2 0240

3

4 3

5 2

6

7 0

8 2

9 4344

10

11

12 90-3

13 20

Oct 30 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.